ture described above, because that position affords the greatest room to the fluid effused within the joint. A patient with rheumatic arthritis is afraid to touch anything with the affected member, dreads the least movement, and raises the hands in a warning attitude.

THYROID LUXATION OF THE THIGH-BONE.

In thyroid luxations of the thigh-bone the arms are placed behind the body, or crossed in front. The upper part of the body leans forward. The affected limb is held straight, with the toes turned out.

When, in the adult, the luxation has taken place into the obturator foramen, the toes are turned out by the rotator muscles. The limb may very often assume this position without the existence of a luxation, but when any violence has been suffered by the limb, and it assumes the position just described when the patient stands upright, we may be quite sure of the nature of the injury.

LUXATION OF THE THIGH-BONE ON THE PUBIC-BONE.

In this condition the limb is slightly flexed, and still further everted than in luxation of the thigh-bone. The body inclines towards the injured side. The hand usually rests on the leg, and the thigh-bone is carried forward.

The patient puts his hand on his leg to prevent spasm of the muscles.

THE LUXATION OF THE HEAD OF THE FEMUR ON THE DORSUM OF THE ILIUM.

Here the foot will be found to be everted. There will also be seen to be an unusual projection on the hip. The patient leans towards the affected side. The disabled limb is slightly flexed and shorter than its fellow, and is usually so much inverted that the toes touch the ball of the great toe of the other foot.

In another case of luxation of the head of the femur on the dorsum of the ilium where the bone is found to be a little lower down the general position of the limb is almost exactly the same, except that the toes are still more inverted and higher, nearly touching the instep. The adductor muscle draws the leg towards its fellow, thus partially rotating it, while the psoas, iliacus, and pectineus are engaged in flexing the limb and drawing it up.

DISLOCATION OF THE SHOULDER-JOINT.

This luxation is very often overlooked. No matter what the nature of the luxation, the arm will always be found to stand off from the body, unless it is a very old case, when it may hang stiffly at the side of the body. This luxation always flattens the shoulder.

The reason why the arm stands off from the body, in subcoracoid or subglenoid luxations of the shoulder-joint, is because the deltoid muscle is put upon the stretch, and the arm is thus forcibly pulled away. When the limb is found in this position, if the attempt be made to push it to the side of the body, it will immediately spring back.

LUXATION OF THE ELBOW-JOINT.

In this luxation the arm is usually rigid, and a marked prominence is felt behind the elbow; the elbow stands far back, the skin being stretched tight over the extremities of the ulna and radius. In these cases the arm is generally in a state of moderate flexion.

ARTHRITIS OF THE WRIST-JOINT.

The hand is held straight out, and there is a very marked swelling at the back of the wrist. The fingers are glossy. Any attempt to move the joint gives rise to the most exquisite pain. Arthritis of this joint frequently terminates in disease of the bone substance. The joint may recover if ankylosis takes place. This peculiar conformation and position of the hand and wrist is not found in luxation or fracture. It is the posture which gives the greatest amount of room to the effusion.—*New York Medical Record.*

GASTRIC ULCER.

[A paper read before the Medical and Surgical Association of New Orleans.]

By E. Dreifus, M.D.

This lesion, which, on account of its characteristic form and peculiar course, is designated as *ulcus rotundum or perforans*, was not known to the older physicians, at least they had no thorough knowledge of it, but confounded it generally with other morbid processes. It was first distinctly described by Cruveilhier, in his great work on pathological anatomy, in the year 1830; he saying, it was previously confounded with cancer of the stomach.

In 1839 Rokitansky gave an account of it under the name of perforating ulcer of the stomach. A very fine essay was published by Cruveilhier, in the *Archives Générales*, for February and April, 1856. To Dr. Wm. Brinton and his valuable essay are we indebted for many of the facts now known in regard to this disease.

The chief seats of it are at the lesser curvature, posterior wall, and specially in the pyloric portion, and at the cardia. In very rare cases it occurs in the duodenum or œsophagus.

The characteristic features of the ulcer are, its circular form, as if stamped out; and its tendency to extend destructively to all the strata of the gastric parieties. The process of destruction always commences in the mucous membrane, and is confined to it in a large number of cases. Accordingly we find not unfrequently in bodies the traces of a previous simple ulcer; and the healing takes place, as in all other ulcerations, by means of the formation of new connective tissue, at the bottom of the ulcer, by which the edges gradually grow together and finally unite. In proportion to the loss of substance, will be the constriction and shortening, causing deformity of the stomach; and the consequences may be both a narrowing of the pyloric half, and also a considerable in-